

DATE22

COUNT22

HOSPITALIZATIONS

1. Have you been hospitalized since _____?
 (If hospitalized more than once, fill out ADDITIONAL HOSPITALIZATIONS on the next page.)

HOSPTL22

1. Yes ☐ 2. No ☐

If yes, name of hospital _____

Date ^{DVHOSP22} _____
 Mo. Day Year

address _____

reason for admission _____

^{DAYS22} _____ days
 Number of days in hospital

2. Check any of the following which occurred in association with the above hospitalization:

MIHOSP22 Heart attack ☐ CPHOSP22 Chest pain (not a heart attack) ☐ Stroke ☐ STROKH22
 HFAILH22 Heart failure ☐ Rhythm disturbance ☐ Cardiac catheterization or
 RDISTH22 coronary arteriography ☐ CATHHP22
 PTCA22 Balloon angioplasty (PTCA, balloon dilatation) ☐

3. Did you have any surgery during the above hospitalization?

SURGRY22

1. Yes ☐ 2. No ☐

If yes, indicate type (if known).

CORART22 Coronary artery surgery ☐ Valvular surgery ☐ Myocardial surgery ☐
 (aneurysmectomy)
 Pacemaker surgery ☐ Pericardial surgery ☐ Peripheral vascular surgery ☐
 Heart transplant ☐ Other ☐ (please specify) _____
 OTHSRG22

AS STATED ABOVE, IF YOU WERE HOSPITALIZED MORE THAN ONCE, FILL
 OUT ADDITIONAL HOSPITALIZATIONS ON THE NEXT PAGE. PLEASE USE
 THE BACK OF THE NEXT PAGE TO DESCRIBE ANY FURTHER HOSPITALIZATIONS.